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CDC Information Council
Meeting Minutes
August 29, 2002, 3:00p.m.-5:00p.m.
Executive Park 35, Room 3500

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CDC Information Council met on August 29, 2002, Executive Park 35, Room 3500, at 3:00p.m. Janet Collins and John Loonsk co-chaired the meeting.

Jac Davies, alternate CSTE representative and Steve Hinrichs, APHL representative, were in attendance at the meeting.

Agenda Item # 1: Report: Evaluation of eHars Compliance with NEDSS Specifications- Janet Collins and Terry McKittrick
Janet Collins introduced Terry McKittrick, VP, Gartner Group, who led the independent review of eHARS relative to its compliance to NEDSS standards. The presentation was a high level overview including the basic findings in terms of compliance, the implications of these findings and a discussion of lessons learned from these findings.
Janet requested that this topic would be put on the next CIC agenda for discussion and decision of specifics as they relate to establishing CIC roles in terms of helping to insure a match between surveillance development and NEDSS standards.

The members of the steering committee were Janet Collins (facilitator), Claire Broome, Tonya Martin, John Loonsk and Xen Santas.

Terry McKittrick's presentation was distributed at the meeting. NCHSTP is currently developing e-HARS for HIV/AIDS surveillance. This development needs to be compliant with the NEDSS standards. The CDC Information Council (CIC) asked that there be an evaluation of e-HARS compliance with NEDSS standards by an independent third party.

 The scope of the compliance review:
- Differentiated between requirements for a CDC developed system and for a state developed system
- Assessed e-HARS for its compliance with NEDSS standards (i.e., for each architectural category assessed, is application fully compliant—yes/no?)
- When not fully compliant, assessed the technical impact of non-compliance (i.e., what it the impact from the non-compliance—trivial to severe?)
- When not fully compliant, assessed the functional impact, limitations and scope of required changes (i.e., what will it take to make the application compliant— minor fixes to major rewrite?).
- Additionally, when there was a lack of specificity in the NEDSS or e-HARS standards, Gartner provided a recommendation for improvement.

The eHARS findings were as follows:
- There are significant state restrictions on 'co-mingling' HIV/AIDS data with other program data (privacy issues); these can be handled with either appropriate access control restrictions or with a separate implementation of the NEDSS IDR

- HARS should continue to formally address exceptions for non-compliant items and submit a plan to become compliant within a reasonable timeframe (i.e., the next major release) or request a waiver for exception items
- At the same time, the e-HARS team should continue to be engaged in supportive activities such as developing a HIV/AIDS Public Health Notification Message (PHNM), submitting changes for LOINC and SNOMED medical vocabularies, and working to extend the NBS data model as necessary for HIV/AIDS
- HARS team should develop the current release (if deemed functionally acceptable by the user community) into an HIV/AIDS NEDSS compatible system
- HARS should implement the recommended changes found in the Detailed Report to become NEDSS compliant.

eHARS Findings Analysis:
- e-HARS is compliant with the NEDSS standards in the areas of database management, medical vocabularies, overall architectural design, and encryption
- e-HARS is partially compliant with the NEDSS standards in its use of multiple database management systems, server operating systems, data modeling approach, transport, use of components and audit trails
- e-HARS is non-compliant with the NEDSS standards in its use of the NBS integrated data repository (IDR), messaging architecture, presentation layer, and "joint" design for application development methodologies (including requirements determination)
- e-HARS should be involved with the harmonization of medical vocabularies with the NEDSS team and the facilitation of firewall/security features as state sites
- e-HARS should use a CDC sponsored test facility, when available.

eHARS Conclusions:
- **Evolve e-HARS into the HIV/AIDS NEDSS compatible system:**
- adopt and extend (as necessary) the NBS integrated data repository to include HIV/AIDS
- develop and implement an appropriate messaging architecture with support from NEDSS technical team
- adopt ebXML transport standards and encryption methodology when fully developed with support from the NEDSS technical team
- submit a waiver for the presentation layer explaining rationale for adopting JSP technology approach over XSL/XML technology
- participate fully in accreditation process with a CIC governance body.
- **Establish a "freeze date" for e-HARS functionality**
- **Initiate development of a fully integrated and compliant NEDSS PAM for HIV/AIDS.**

Questions:
Are the NEDSS standards at a level specific enough for distribution?
Terry believes that the standards can be distributed at this time.

Claire Broome commented that Terry also looked at state developed NEDSS compatible solutions and this is included in the matrix.

Keith West asked if the programmer guide and a common reuse library are available. Claire Broome indicated that the programmer guide is in draft form. Terry indicated that over time as more PAM's are developed the reuse library will become more robust.

Jac Davies asked that as information is available it should be communicated to the partners.

Janet Collins asked Terry if he could give an example of best practices. Terry explained that Investment Management Organizations begin with setting up rules. For example, using a tiered approach - a decision making body, working groups and technical subcommittees. Recommendations should come out of the working groups.

Agenda Item #2: Public Health Information Network Functions and Specifications- David Fleming

The CDC Information Council (CIC) took an important first step at its April 2002 meeting by deciding that CDC would work to adopt IT standards and specifications that would apply to all CDC cooperative agreement programs. While the urgency and compressed time frame required for the BT cooperative agreement did not permit a full process for evaluation and review of these functions and specifications as potential CDC enterprise standards, their heavy reliance on well evaluated NEDSS and HAN standards and their presence in the BT guidance make them a reasonable starting point for CDC enterprise standards. At the same time, a process for review and evolution is needed to promote the PHIN functions and specifications from a starting point toward full-fledged implementation.

David Fleming asked for consensus to consider the PHIN functions and specifications ver 1.0 as a starting point for enterprise standards. The CIC members accepted the PHIN functions and specifications.

Action Item: A working group would be formed to determine the process for review of the standards to include external partners. Any f**ollow-up comments should go to Laura Conn.**

David suggested that in addition to the technical review a review by an editor to help make these standards more understandable for public health practioners.

Comments:

Dan Sosin asked if CTOC had reviewed and made recommendations regarding these functions and specifications. John Loonsk indicated that these standards have been presented to CTOC but that the CTOC has historically only addressed internal issues.

Seth Foldy asked that we make sure that NACCHO's comments be incorporated into the document.

Marty Baum asked how the process for representation and comments from partner organizations relates to the last agenda item (CDC Standards Setting Process). John Loonsk explained that the PHIN Functions and Specifications WG developed a proposed process for ongoing maintenance and standards.

Gianfranco Pezzino indicated that he supported the document and agrees that a process needs to be established immediately.

Jac Davies explained that states that got BT funds are under a deadline to do something soon and she thinks that a quick process is also part of the education process.

Keith West said that NCEH had specific issues and disagreements, which he indicated were not addressed. David Fleming noted his concern and indicated that Keith or another NCEH representative could be on the working group.

Agenda Item #3: Enterprise IT Performance Element- Jim Seligman
The HHS Secretary's new Enterprise IT Strategic Plan adopts numerous enterprise initiatives to bring convergence, consolidation, and standardization across HHS under the Secretary's "One HHS" theme. In order improve CDC's alignment with these directions, the CDC Information Council at its July 25 meeting supported the concept for further consideration of establishing an enterprise performance element in the work plans of the senior IT staff in each CIO and Staff Service Office. This is an attempt to be proactive in this area. The Enterprise IT Performance Element involves the way in which individuals conform and relate to CDC and HHS enterprise standards. Jim Seligman was asked to develop a draft element by CIC and will be getting input from CTOC, ADMO's and supervisors.

Comments:
Keith West asked if the CIOs could give input to the rating of Jim Seligman and John Loonsk as well. Jim agreed he would take input for John and that Bill Gimson would likely be open to the same type of input for him. Keith West said NCEH does not support the acceptance of the proposal.

Janet Collins summarized by saying that there are positive aspects to this idea and the group should work through the issues. Comments and suggestions of how to move forward should be sent to Jim Seligman and Laura Conn.

Agenda Item #4: Action Item: CDC Standards Setting Processes-John Teeter
This item was not covered due to time constraints.

Attendees:
Members/Alternates
Andrew Autry (NCBDDD)
Claire Broome (OD)
Terry Boyd (NIP)
Janet Collins (NCCDPHP)
David Fleming (OD)
Jeanne Gilliland (NCCDPHP)
Debbie Jones (PHPPO)
John Loonsk (IRMO)
Tonya Martin (NCHSTP)
Dale Nordenberg (NCID)
Bob Pinner (NCID)
Jim Seligman (OD)
Dan Sosin (EPO)

Partners:
Jac Davies (CSTE)
Seth Foldy (NACCHO)
Steve Hinrichs (APHL)
Gianfranco Pezzino (CSTE)
Helen Regnery (APHL)

Others:
Marty Baum (NCEH)
Laura Conn (IRMO)
David Fluker (NCHSTP)
Valerie Kokar (EPO)
Charlie Magruder (PHPPO)
Lew Newlin (PHPPO)
Barbara Nichols (IRMO)
Xen Santas (NCHSTP)
John Teeter (IRMO)
Keith West (NCEH)